

# CITY OF MADISON, ALABAMA

## VENDOR-BID LIST APPLICATION

(Please type or print)

**Company Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Telephone Number** (for placing orders): \_\_\_\_\_

Fax Number: \_\_\_\_\_ Toll Free #: \_\_\_\_\_

**Customer Service Contact:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**Madison Sales Rep:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**Address for Mailing Bids:**

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Bid/Quote Contact Name: \_\_\_\_\_

**Remittance Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Account's Receivable Contact: \_\_\_\_\_

**Payment Terms:** (Check one and enter % and/or number of days)

- ☐ Prepayment Prior to Shipment
- ☐ Net \_\_\_\_\_ Days
- ☐ Discount % \_\_\_\_\_ Days/Net \_\_\_\_\_ Days
- ☐ Other \_\_\_\_\_

**FOB:**

- ☐ Destination
- ☐ Point of Origin

**Freight Terms:**

- ☐ Prepaid
- ☐ Prepaid/Added to Invoice

Please check the appropriate statements of ownership as classified by the Federal Government. (Contact your regional or district U.S. Small Business Administration Office if clarification is needed):

- ☐ This company is a small business (SB)
- ☐ This company is a minority/socially and economically disadvantaged business (SDB)

**Officers, members or owners of company, partnerships, etc.:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Year company established: \_\_\_\_\_ Gross Sales (last year): \$ \_\_\_\_\_

**Please check appropriate statement which apply to your company:**

- ☐ This company has operating/manufacturing facilities in Alabama.
- ☐ This company distributes foods manufactured in the U.S.
- ☐ This company will not accept telephone/verbal purchase orders.
- ☐ This company requires written confirmation of telephone orders.
- ☐ This company has capability of electronic data interchange.
- ☐ This company has MINIMUM ORDER requirement of \$\_\_\_\_\_

**Vendors:**

Dun & Bradstreet No.: \_\_\_\_\_ Rating Date: \_\_\_\_\_ Rating: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Acct. No. for City: \_\_\_\_\_

City of Madison Business License No.: \_\_\_\_\_

Federal Tax ID No.: \_\_\_\_\_

**This Company is:** (Check one)

- ☐ Retail Sales
- ☐ Manufacturer
- ☐ Manufacturer's Representative
- ☐ Wholesaler
- ☐ Distributor
- ☐ Authorized Service

\*Must be authorized sales center for manufacturers represented.

Please attach a list of manufacturers represented.

Please list the types of services offered (Attach list if additional space is needed.):

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The Finance Department of the City of Madison is vested with the sole authority to issue Purchase Orders and obligate the City. The City will assume no obligation except on previously issued and duly authorized Purchase Orders.

\_\_\_\_\_  
Authorized Acknowledgement

The undersigned certifies that all information provided here is correct to the best of his/her knowledge.

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Mail to: City of Madison-Finance Dept, 100 Hughes Rd, Madison, AL 35758  
Telephone No: (256) 772-5667 Fax No.: (256) 772-5649